

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030703

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

132

Primary Registration District No.

3021

Registrar's No.

155

STATE FILE NUMBER

FILED SEP 4 1962

1. PLACE OF DEATH

a. COUNTY

Grundy

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Grundy

admission)

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Trenton

Length of stay in lb

5 Days

c. CITY
OR TOWN

Laredo

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTE

Wright Memorial Hospital

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

✓

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First Aubrie

Middle William

Last Dust

4. DATE OF DEATH

Month August

Day 22

Year 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

10/29/1904

9. AGE (last birthday)

57

IF UNDER 1 YEAR

Months 9

Days 23

Hours

Min.

IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Ford processing plant

11. BIRTHPLACE (City and state or country)

Grundy Co Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Ed Dust

13b. MOTHER'S MAIDEN NAME

Bessie Anderson

14. NAME OF HUSBAND OR WIFE

Vera Dust

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Vera Dust Laredo

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐20a. ACCIDENT ☐SUICIDE ☐HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1959 to Aug 21 62 and last saw him alive on 8/21/62

Death occurred at 7:15 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

E. J. Maier MD

22b. ADDRESS

Trenton Mo

22c. DATE SIGNED

8/24/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

8/25/1962

23c. NAME OF CEMETERY OR CREMATORY

Alpha Cemetery

23d. LOCATION (City, town, or county)

Laredo Missouri

24. FUNERAL DIRECTOR

ADDRESS

E. J. Robertson Funeral Home Laredo Mo

25. DATE RECD. BY LOCAL REG.

8/29/62

26. REGISTRAR'S SIGNATURE

D. J. Fair

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

J. Robertson

Licensed Embalmer No. 4388

P. O. Address

Laredo, Tex.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.